



HANDICAPPED & ELDERLY SERVICE INFORMATION SHEET

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

LICENSE PERIOD:

Biennial; Expires on April 30 of odd-numbered years.

APPLICATION:

Apply at City Clerk License Division, City Hall, Room 105, 200 E. Wells Street, Milwaukee, WI 53202, telephone (414) 286-2238.

FEE:

The \$165 license fee **must be submitted with application**. Checks made payable to: City of Milwaukee.

SIGNATURES:

Notarized signatures of the individual, all partners, the agent, president, and secretary of the corporation, or the agent and all members of a LLC are required.

REQUIREMENTS:

The applicant shall file, with the application the attached, "Letter of Intent", outlining his or her intentions of purchasing a proper vehicle to be used for this service, and the proper amounts of liability insurance, satisfying all the requirements of Chapter 100 of the Milwaukee Code of Ordinances.

All drivers of these vehicles are required to obtain a Public Passenger Vehicle Driver's license. Applications for this license can be obtained from our office.

FINGERPRINTS:

All applicants (including partners, all corporate officers, members, agent, directors, and stockholders owning 20% or more of the stock of the corporation) whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. Report to the Police Administration Building, 951 N. James Lovell St. (7th St), Room 305 to be fingerprinted. If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

GRANTING OF LICENSES:

Licenses are granted by the Common Council on recommendation of the Public Safety Committee. Please allow 5-6 weeks for processing.

REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a refund in the amount of \$115, provided the refund is requested no later than one year from the date of withdrawal or denial of the application. If a license is not issued, the refund must be requested no later than one year from the date of application, unless the license has been granted, in which case no later than one year from the date of granting of the license.

DUPLICATE LICENSE FEE: The fee for a duplicate license is \$8. You must bring current photo identification.

Regulations relating to HANDICAPPED & ELDERLY SERVICE are provided in ch. 100 of the Milwaukee Code of Ordinances and are available online at <http://www.milwaukee.gov/ordinances> or can be purchased from the Legislative Reference Bureau in City Hall, Room B-11.



**PUBLIC PASSENGER VEHICLE PERMIT:
HANDICAPPED & ELDERLY SERVICE APPLICATION**

OFFICE OF THE CITY CLERK LICENSE DIVISION
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Check one: ☐ Individual or ☐ Partnership (Fill out Sections A, B, & D)
☐ Corporation or LLC (Fill out Sections B, C, & D)

Incomplete applications or applications filed without the required \$165 fee will be returned.

Section A	INDIVIDUAL OR PARTNERSHIP:	
	Full Name (Last, First & Middle Initial)	Partner #2 Full Name (Last, First & Middle Initial)
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: () -	Home Phone Number: () -
Section B	Date of Birth:	
	Business Name:	Business Phone Number:() -
	Business Address (include City, State, Zip Code):	
Has anyone on this application been convicted of violating any federal laws, state or local ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of person, date of conviction, charge and penalty:_____		
Section C	Full Name of corporation or limited liability company:	
	<i>Agent:</i>	
	Full Name (Last, First & Middle Initial):	
	Home Address (include City, State & Zip Code):	
	Home Phone Number: () -	Date of Birth:
	<i>President/Member</i>	<i>Vice President/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Street Address:	Home Street Address:
	Home City, State, Zip Code:	Home City, State, Zip Code:
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:

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Section C Cont.	<i>Secretary/Member</i>		<i>Treasurer/Member</i>	
	Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):	
	Home Street Address:		Home Street Address:	
	Home City, State, Zip Code:		Home City, State, Zip Code:	
	Home Phone Number: () -		Home Phone Number: () -	
	Date of Birth:		Date of Birth:	
Section D	Location where vehicles are stored:			
	How many vehicles will be used in this business?		Please Note: A separate application must be filed for each vehicle used in this business.	
	Description of Vehicle:			
	Year:	Color:	Body Style:	Number of Passengers:
	Areas of Operation: (Attach additional sheets if necessary.)			
	<p>_____</p> <p>_____</p> <p>_____</p>			
	<p>The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application.</p> <p>The undersigned shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.</p> <p>The undersigned understands that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.</p>			
	RATE of FARES – Example: \$5.00 per hour			
	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
	<p>I have knowledge of the City Ordinances currently regulating the license applied for herein; understand that the permit may be subject to suspension, non-renewal or revocation if I violate any rule or regulation relating to public passenger vehicles; and, being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.</p> <p>***Per Section 100-50-7-b, Milwaukee Code of Ordinances, any permittee who fails to apply for renewal prior to the expiration date of his or her permit shall have the permit terminated on its expiration date. Applications filed without the required documents, Notary seal, \$165 fee, and/or incomplete applications will be returned.</p>			
SUBSCRIBED AND SWORN TO BEFORE ME THIS				
_____ day of _____, 20____		Individual/Agt of Corp or LLC/Partner/Member		
Notary Public, State of Wisconsin		President of Corp/Member of LLC/Partner		
My commission expires _____		Secretary of Corp/Add'l Members/Partners		

Office Use Only: **Initials:** _____ **Transaction #:** _____ **Filed:** _____

Permit #: _____ **Granted:** _____ **Issued:** _____